Testimony of Chris Corcoran, Jessica Hollenbach, and Melanie Sue Collins, MD
of Connecticut Children's Medical Center
to the Housing Committee
Regarding SB 168 *An Act Establishing a Right to Housing* and
SB 201 *An Act Establishing the Healthy Housing Assistance Pilot Program*

March 1, 2022

Senator Lopes, Representative Williams, and members of the legislature's Housing Committee, thank you for the opportunity to share our thoughts about Senate Bill 168- *An Act Establishing a Right to Housing* and Senate Bill 201- *An Act Establishing the Healthy Housing Assistance Pilot Program*.

Our names are Chris Corcoran, Jessica Hollenbach, and Dr. Melanie Sue Collins and, respectively, we serve as the Manager of the Healthy Homes Program, Director of the Asthma Center, and Interim Division Head of Pediatric Pulmonary Medicine at Connecticut Children's. We are submitting this testimony in support of this proposed legislation because we believe all children deserve to live, breathe, and play in healthy environments.

Before commenting on the bill, we want to provide some background about the Office for Community Child Health (OCCH) which houses both our Health Homes Program as well as our Asthma Center. At Connecticut Children's, we know that only about 10% of children's overall health is determined by the health care services they receive. OCCH works to improve the social determinants of health such as housing, transportation, food and nutrition, and family support services. We know that healthy homes and healthy communities build healthy children. The coronavirus pandemic has unfortunately only served to exacerbate many of the existing social and economic challenges facing families and we believe that the work we do within OCCH is now more important than ever.

Senate Bill 168- An Act Establishing a Right to Housing

We support the right to healthy housing environments established in SB 168 and applaud legislators for proposing this legislation. Connecticut Children's Healthy Homes Program understands that the places, the stability, and the conditions in which children live shape their lives and their health. Toxins and hazards often found in older or poorly maintained homes, such as lead-based paint, mold, and unsafe windows or stairs, can cause children and their families to get sick or injured. As such, we hope that when writing Section 1c of the bill, legislators intended that housing that is free from lead paint, mold and other environmental toxins be included in "the right to safe housing that includes all basic needs."

Senate Bill 201- *An Act Establishing the Healthy Housing Assistance Pilot Program*

We applaud the intent of this bill and appreciate being named a partner in this proposal. We are also grateful for the considerable timeline given for establishing the new program, as there are undoubtedly some logistical challenges to consider, such as HIPAA compliance.

Asthma is the most common chronic childhood disease. Asthma incidence, morbidity, and mortality co-localize with poor housing conditions and disproportionately afflict low-income, African-American, and Latino children. Hartford, one of the poorest medium-sized cities in the US, is particularly hard hit by these childhood asthma disparities. Over 40% of Hartford families live in poverty, compared with 14% statewide and 18% nationally. Mean per capita income in Hartford in 2013-2017 was $28,930, less than mean per capita income in the US. Hartford's population is 44% Latino (of whom 78% are Puerto Rican, the racial/ethnic group with the highest asthma prevalence) and 35% African-American. Hartford is riddled with old, poorly repaired housing stock (53% built before 1950). Medicaid data tell us that 18% of Hartford children have asthma, of whom 44% requiring daily, preventive asthma therapy. There are concentrated geographical pockets, or hot spots, of asthma morbidity and incidence that overlap with areas of substandard housing in Hartford. Multiple asthma "hot spots" are located in the North End and South End of Hartford.

Childhood asthma accounts for the largest proportion of Medicaid spending on any health condition in Hartford, and often is directly associated with poor housing conditions. In Hartford, Puerto Rican children have high asthma prevalence (32%) and ED-visit rates (174/10,000), whereas African-American children have high hospitalization rates (37/10,000) and longer hospital stays. Asthma ED visits and hospitalization rates in Hartford children are 3.5-4 times higher than the rest of CT, and 20 times higher than national rates.

We know that environmental exposures are critical in the initiation and exacerbation of asthma. The indoor environment, in particular the home, contains numerous exposures with the potential to influence asthma development and morbidity. Many trials aiming to improve asthma outcomes by altering the indoor environment have been conducted over the past four decades. Unfortunately, evidence to date has not established the effectiveness of any widely used products and strategies for improving patient outcomes by reducing home environmental allergen exposures.

Therefore, we believe a housing mobility voucher program, in tandem with continued investment in safe, stable housing options in Hartford, may give families of children with persistent asthma the opportunity to live in a healthier home with a lower burden of not just physical/environmental exposures, but also access to safer neighborhoods with less segregation and crime, and improved social capital. These social factors may be of added benefit, related to the well-known contribution of psychosocial stress to asthma.

We appreciate the deference to Connecticut Children's pediatric asthma expertise, but we are concerned about the implications for requiring that all patients' asthma diagnosis be confirmed by our health system. While many children across the state who are afflicted with persistent asthma are Connecticut Children's patients, some receive their care from other qualified providers and we would recommend that the legislation note the need to confirm a child's asthma with their current treating provider.

Lastly, if state leaders aim to improve pediatric asthma outcomes, we would encourage the investment in evidence-based asthma management programs which support primary care pediatricians in their efforts to diagnose and treat asthma. For example, Connecticut Children's Easy Breathing Program has been remarkably effective from this perspective — leading to a 35% decrease in hospitalizations for asthma, 27% decrease in emergency department visits for asthma, and 19% decrease in outpatient visits for the patient population. This effort has been

especially important during the pandemic because children with poorly controlled asthma are more at risk for COVID-19 complications.

Please note that in addition to this testimony, we have also included a fact sheet on Easy Breathing.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee, Connecticut Children's Government Relations Associate at eboushee@connecticutchildrens.org.